

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. <b>AG-04H1-B-12-7028</b>	3. AWARD/EFFECTIVE DATE <b>04/24/2012 - 04/24/2015</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-12-7001</b>	6. SOLICITATION ISSUE DATE <b>01/05/2012 12:20 PST</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>			b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	8. OFFER DUE DATE/ LOCAL TIME <b>02/22/2012 16:00 PST</b>	
9. ISSUED BY <b>USDA Forest Service US Forest Service Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>			10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: _____ % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) NAICS: <b>115310</b> <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: <b>\$ 17.5 million</b> <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS <b>1% net 15 days</b>	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
17a. CONTRACTOR/OFFEROR <b>DCI FIRE CONTRACTING 1000 SE First Ave Enterprise, Oregon, 97828-1362</b>	17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM	
17a. TELEPHONE NO. <b>541-426-5854</b>					
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>VIPR I-BPA for Potable &amp; Gray Water Trucks/Handwashing Stations (Trailer Mounted) for Region 6 - Pacific Northwest Region</b>				
<i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>					
25. ACCOUNTING AND APPROPRIATION DATA			26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED <b>04/24/2012</b> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:		
30a. SIGNATURE OF OFFEROR/CONTRACTOR <b>/s/ Debbie Curtiss</b>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Kermadine Barton</b>		
30b. NAME AND TITLE OF SIGNER (Type or print) <b>Debbie Curtiss -</b>	30c. DATE SIGNED <b>02/22/2012</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/24/2012</b>		

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: 16-HGB16224U037659			
Handwashing Stations (Trailer Mounted)	04	OR-BMC	
			Daily Rate \$950.00/Day
			Weekly Rate \$5700.00/Week
			Monthly Rate \$26600.00/Month

License #: u407964  
 License State: OR  
 Make: Hallmark  
 Model: GR85X16 T2  
 Model Year: 2004  
 Insurance Policy Expiration Date: 10/29/2012  
 Location City: Joseph  
 Location State: OR  
 Number of Sinks: 12

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Vendor Information

Company Name: DCI FIRE CONTRACTING

DBA:

DUNS: 800200573

Company Address:

1000 SE First Ave

Enterprise, Oregon, 97828-1362

Mailing Address: same as above

Contact:

Name: Debbie Curtiss

Email: dcifire@yahoo.com

Daytime Phone: 541-426-5854

Evening/After Hours Phone: 541-426-7186

Cell/Alternate Phone: 541-263-1991

Fax: 541-426-5854

Discount Terms:

1% net 15 days

Business Status

HUBZone: N

Service-Disabled Veteran-Owned Small Business: N

8(a): N

Women-Owned Small Business: Y

Economically Disadvantaged Women-Owned Small Business: N

LSA Flag: Y

Supporting Documentation

Has Insurance (other than Workers' Compensation): Yes

Has DOT inspection(s): N/A

Has Workers' Compensation Insurance: No

Workers' Comp. Insurance Expiration Date: none

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y